



**City  
of**

**Milwaukee**

ccl-109 (3/07)

## APPLICATION AMENDMENT

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

Date: \_\_\_\_\_

### To the License Division of the City of Milwaukee:

I, \_\_\_\_\_ wish to amend my answer(s) on the application for  
(your name - print or type)

a \_\_\_\_\_ license at \_\_\_\_\_  
(type of license) (premises address)

### by adding or amending the following information:

1. Answer to Question(s) # \_\_\_\_\_ should state: \_\_\_\_\_
2. Agent should be: \_\_\_\_\_ Also complete 3, 4 & 5
3. Date of birth should be: \_\_\_\_\_
4. Home address should be: \_\_\_\_\_
5. Home phone number should be: \_\_\_\_\_
6. Corporation/LLC name should be: \_\_\_\_\_
7. Business name should be: \_\_\_\_\_
8. Business address should be: \_\_\_\_\_
9. Business phone number should be: \_\_\_\_\_
10. Premises description should be: \_\_\_\_\_
11. Location where vehicle will be parked should be: \_\_\_\_\_
12. Other: \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public - State of Wisconsin  
My Commission expires \_\_\_\_\_  
**Notary Seal must be affixed**

\_\_\_\_\_  
Signature  
(individual/partner/agent/officer/member)

### **Office Use Only:**

License Number: \_\_\_\_\_ Date received \_\_\_\_\_ Initials \_\_\_\_\_  
Date entered in system \_\_\_\_\_ Initials \_\_\_\_\_  
Date copy sent to LIU \_\_\_\_\_ Initials \_\_\_\_\_  
Relisting for police report needed \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, date given to License Coordinator \_\_\_\_\_ Initials \_\_\_\_\_